

# APPLICATION FOR LOT SPLIT OR LOT RECONFIGURATION

## SEMINOLE COUNTY DEVELOPMENT REVIEW DIVISION

1101 East First Street, Sanford FL 32771

(407) 665-7331

[www.seminolecountyfl.gov](http://www.seminolecountyfl.gov)

Is this application for:

☐ Lot Split Inquiry Only

☐ Lot Split Approval

☐ Lot Line Reconfiguration

☐ Review of non-permitted subdividing of land

The following conditions must exist in order to split a parcel under this process per Seminole County Land Development Code Sec 35.2:

- The property must be a parcel of record prior to July 28, 1970. *(may not be applicable to lot line reconfiguration)*
- Created parcels (lots) must have frontage on a public right-of-way. *(20' of frontage for each lot)*
- Newly created parcels must meet all zoning requirements, including minimum buildable lot area above the 100 yr. Flood prone elevation, lot width, etc.
- Existing structures must meet the minimum setback requirements after the split without a variance.

Submit the following:

- Review Fee \$110.00
- Sketch of property locating any existing structures and/or sketch of proposed land split locating any existing structures.
- Survey of property to be split locating any existing structures. *(for final land split approval)*
- A complete legal description of the property to be split. *(for final land split approval)*
- Legal description and sketch of newly created parcels. *(for final land split approval)*
- Topographical Survey signed and sealed by an authorized land surveyor may be required based on the amount of property that lies within the 100 yr Flood Plain as determined by FEMA maps.
- Owner's affidavit and, if applicable, an Agent's affidavit. *(for final land split approval)*

### OWNER INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### SITE INFORMATION:

Parcel ID#  -  -  -  -  -   
Property Address: \_\_\_\_\_  
Current Zoning: \_\_\_\_\_ Total Parcel Acres: \_\_\_\_\_  
Source of water and sewer: \_\_\_\_\_ ☐ Well ☐ Septic  
*(Name of utility company or check if onsite well or septic)*

**Submission of incomplete applications may create delays in review and approval.**

Owner's signature	Print Name	Date
Applicant's signature	Print Name	Date

### FOR OFFICE USE ONLY:

Date in: \_\_\_\_\_ Project No: \_\_\_\_\_ Project Manager: \_\_\_\_\_  
ROUTE TO: ☐ Project Manager ☐ Utilities ☐ Addressing (APPROVAL ONLY)